

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	69300		

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	01	02 09 11 04 07	
2	02	02 16 18 10 09	
3	03	02 02 02 02 03	
4	04		
5	05		
6	06		
7	07		
8	08		
9	09		
10	10		
11	11		
12	12		
13	13		
14	14		
15	15		
16	16		
17	17		
18	18		
19	19		
20	20		
21	21		
22	22		
23	23		
24	24		
25	25		
26	26		
27	27		
28	28		
29	29		
30	30		
31	31		
32	32		
33	33		
34	34		
35	35		
36	36		
37	37		
38	38		
39	39		
40	40		
41	41		
42	42		
43	43		
44	44		
45	45		
46	46		
47	47		
48	48		
49	49		
50	50		

Claim	Final	Original	Date
51	51	02 09 11 04 07	
52	52	02 16 18 10 09	
53	53	02 02 02 02 03	
54	54		
55	55		
56	56		
57	57		
58	58		
59	59		
60	60		
61	61		
62	62		
63	63		
64	64		
65	65		
66	66		
67	67		
68	68		
69	69		
70	70		
71	71		
72	72		
73	73		
74	74		
75	75		
76	76		
77	77		
78	78		
79	79		
80	80		
81	81		
82	82		
83	83		
84	84		
85	85		
86	86		
87	87		
88	88		
89	89		
90	90		
91	91		
92	92		
93	93		
94	94		
95	95		
96	96		
97	97		
98	98		
99	99		
100	100		

Claim	Final	Original	Date
101	101	02 09 11 04 07	
102	102	02 16 18 10 09	
103	103	02 02 02 02 03	
104	104		
105	105		
106	106		
107	107		
108	108		
109	109		
110	110		
111	111		
112	112		
113	113		
114	114		
115	115		
116	116		
117	117		
118	118		
119	119		
120	120		
121	121		
122	122		
123	123		
124	124		
125	125		
126	126		
127	127		
128	128		
129	129		
130	130		
131	131		
132	132		
133	133		
134	134		
135	135		
136	136		
137	137		
138	138		
139	139		
140	140		
141	141		
142	142		
143	143		
144	144		
145	145		
146	146		
147	147		
148	148		
149	149		
150	150		

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Best Available Copy